



BURLINGTON POLICE DEPARTMENT

1 North Avenue
Burlington, Vermont 05401

Michael E. Schirling
Chief of Police

Telephone (802) 658-2704
Fax (802) 865-7579
TTY/TDD (802) 658-2700

APPLICATION FOR COMMUNITY POLICE ACADEMY

Name: _____ Date of Birth: _____

Other Names Used (i.e., maiden name, AKAs, previous married names, etc.):

Address: _____

Phone Number: _____ E-mail Address: _____

Have you ever been convicted of a felony? Yes _____ No _____

Have you ever been convicted of a misdemeanor? Yes _____ No _____

If yes, explain where, when and disposition:

Current place of employment: _____

Address: _____

Duties performed: _____

Do you meet the following requirements for the class?

Are you at least 18 years of age? Yes _____ No _____

Do you live in the City of Burlington? Yes _____ No _____

Do you work in the City of Burlington? Yes _____ No _____

How did you first hear about the Community Police Academy and why do you want to attend?

- The Burlington Police Department will review all Community Police Academy applications for acceptance into the class.
- For successful completion, academy participants are asked to miss no more than two (2) classes.
- Academy participants are expected to dress in proper attire (slacks and dress shirt, blouse, dress, casual jeans in good repair, etc. No worn or tattered jeans, shorts or t-shirts, or any garment with vulgarity, profanity, or sexual innuendo).
- Photographs may be taken throughout the academy and may be used for promotional purposes by the department, as well as posted on the department's website.
- Academy participants are asked to be courteous and respectful of all academy instructors and fellow attendees.
- Any actions/display of behavior that may be viewed as a disruption to the class may result in the Community Police Academy Coordinator excusing the participant from the current session and/or any future Citizens' Police Academy classes.
- Each participant will complete a Ride-Along Application and sign a Release of Information Authorization Form.
- A voluntary criminal records check will be conducted on academy participants as a part of the Community Police Academy.

I certify that all statements made on this application are true and complete. I agree and understand that any deliberate misstatement or omission of material facts may disqualify me to attend the Community Police Academy. My signature below acknowledges my understanding and agreement with material provided and further **provides my consent for a criminal background check to be completed on me as a condition of acceptance into the Community Police Academy.**

Signature: _____ Date: _____

Please return this completed application to:

Kimberly Caron Executive Assistant
Burlington Police Department
1 North Avenue
Burlington, VT 05401
(802) 540-2107 (voice)
(802) 864-5945 (fax)
kcaron@bpdvt.org